

## INSTRUCTIONS FOR USE OF THE INDIVIDUALIZED CASE PLAN / INTERVENTION PLAN (IIP) AND RELATED DOCUMENTS

The Individualized Case Plan / Intervention Plan (IIP) is a plan of action focusing on meeting a youth's assessed rehabilitative and treatment needs. The IIP specifies problem areas, goals and objectives, and the methods used to attain them, including the roles of the youth, and of clinical and non-clinical staff.

Using the IIP through the course of working with the youth involves the use of three (3) types of forms: (1) the IIP, which includes three parts, (2) the Monthly Assessment of IIP Progress, and (3) the Individualized Intervention Plan Summary of Staffing Form.

### I. WHAT THE FORMS ARE ABOUT

#### A. Individualized Case Plan

The individualized case plan is a standardized plan with some individualization as needed based on youth's needs, such as behavioral adjustment problems. This case plan is completed by staff during direct intake.

#### B. Individualized Intervention Plan (IIP)

The IIP consists of three parts, addressing rehabilitation, physical health care, and mental health treatment needs of the youth.

Part 1- ***the Case Plan***, addresses social, educational and vocational needs of the youth. It deals with core issues commonly associated with juvenile delinquency, and areas over which almost every incarcerated youth that has been adjudicated to a secure facility needs to achieve some mastery if he/she is to be successful at community reintegration and remaining crime-free. It also may have additional specialized rehabilitation problems unique to the youth. Every youth will have Part 1 of the IIP completed.

Part 2- ***the Physical Health Care Plan***, addresses chronic medical and dental problems that will require on-going care or unresolved acute problems that need to be addressed at the time of development of the IIP. A youth may or may not have this part of their IIP completed.

Part 3- ***the Mental Health Treatment Plan***, addresses psychiatric and psychological needs of the youth. These are problems areas normally associated with significant mental illness or emotional disturbance. Additionally, any youth on psychotropic medication, regardless of the severity of the illness, will have this part of the IIP completed. (Example: Major depression, or a depressive disorder for which the youth receives medication, would be addressed in this section. However, dysthymic disorder, which is probably not addressed with medication, is considered a less serious disorder, and would be addressed as a specialized rehabilitation area and would be added to the Case Plan).

LSU/HSC has assumed responsibility for medical/dental care, and specialized mental health services, Part 1 would be the primary responsibility of Youth Services (YS) staff to complete, and Part 2 and 3 of the Plan would be the primary responsibility of LSU/HSC staff to complete. If LSU/HSC is not present at the facility, YS staff will complete all parts of the Plan that are applicable to the youth.

Each problem area listed on the IIP has a long-term goal, objectives, interventions, and assigned, responsible staff.

The goal is a statement of what the youth needs to achieve (such as an educational goal), to display (such as decreased symptoms of depression), to possess (such as knowledge of risk factors associated with drug abuse), or to demonstrate (such as appropriate reactions), with the assistance of staff intervention.

Objectives are steps **to be taken by the youth** to reach the goal. Objectives should be competency-based, i.e., stated in terms of the knowledge and behavior that, when expressed and displayed by the youth, would lead one to assume that he/she has mastered the thinking and behavior associated with the goal. To help understand the concept of competency-based, think of the person with a degree in engineering. The degree gives us reasonable grounds to assume that the person is competent in the science of engineering. Similarly, certain knowledge and behavior expressed by the youth would give us reasonable cause to believe that he/she is competent, i.e., has mastered the objective.

Objectives should also be S.M.A.R.T; that is, stated in terms that are specific, measurable, attainable, realistic, and time-limited.

Interventions are actions, treatment, services, etc. provided by staff to assist the youth in accomplishing his/her objectives. Interventions should be specific regarding time frames and durations.

Responsible staff are the clinical and non-clinical staff who will be providing the intervention. A specific individual may be named, or a category of staff (e.g., evening shift of custody staff).

## **B. Completion of IIP at Direct Admission**

1. An initial case plan will be formulated at direct admission within forty-eight (48) hours of the youth's admission to the facility.
2. This plan will be implemented by intake staff focusing on behavior, orientation, problem solving skills, Youthcare, Code of Conduct, LAMOD and preparing the youth for involvement in the treatment process.
3. This plan will remain in effect until the receipt of the Assessment Summary from LSUHSC.

**C. Monthly Assessment of IIP Progress**

The Monthly Assessment is completed by the youth's case manager and treatment provider, as applicable. A brief overall statement regarding youth's progress towards goal accomplishment is written in the comment section. This information will be used when the Quarterly Multidisciplinary Regional Staffing is held.

**D. Individualized Intervention Plan Summary of Staffing Form**

The IIP Summary of Staffing Form is a narrative that summarizes the deliberations of the interdisciplinary treatment team. This form is used at all staffing: initial, transfer, quarterly, interim, and special staffing. This form also addresses release planning and serves as the signature for all participants at the IIP staffing.

**II. COMPLETING THE FORMS****A. Plan Development at Direct Admission**

The initial case plan will be completed by direct admission. Plan development will be initiated by the intake case manager.

**B. Facility Completion of IIP**

When the facility staff receives the LSUHSC Assessment, the following is to occur:

1. Once a youth completes direct intake and is assigned to a unit, a staffing committee will review information in the JETS file and develop an IIP specific to the needs of each youth within seven (7) working days of receipt of the Assessment Summary. Treatment needs on the IIP will be prioritized by the committee based on review of record and recommendations by the Direct Admission staff.
2. The individualized case plan will list goals and objective in terminology that the youth can understand taking into consideration educational level and accommodations needed to help the youth successfully meet goals/objectives in the treatment plan.
3. Plan can be updated when needed as staff become more familiar with the youth and other needs begin to surface that requires immediate attention.

**C. Monthly Review of Objectives by the Case Manager**

On a monthly basis, the Case Manager, in conjunction with the youth, shall rate the youth's efforts toward achieving his/her objectives. This shall be recorded on the Monthly Assessment of IIP Progress.

The Case Manager shall focus only on those need areas listed on the IIP for that quarter.

**B.2.2 (a)**

1. The Case Manager shall write a brief statement, under the appropriate month, summarizing progress the youth has made towards accomplishing established goals and objectives in the treatment plan.
2. The youth and the Case Manager shall sign and date the form at the end of the Month's statement.
3. The Monthly Assessment shall be filed in the Youth's Case Record under Clip II.

**D. Quarterly or Specialized Treatment Team Meeting**

The IIP shall be reviewed for progress in achievement on at least a quarterly basis. It should be held more frequently if needed to consider whether changes in the youth's behavioral or mental status require IIP modification. The case manager's Monthly Assessment of IIP Progress form should be reviewed in making decisions regarding Plan changes. Following Treatment Team review, the following shall occur:

1. If any objectives are changed, goals reached, interventions modified, etc., a new Individualized Intervention Plan shall be developed and produced.
2. The IIP Summary of Staffing Form will also include a narrative reporting the results of the Team Staffing.